

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-family: cursive;">10622136</div>		Filing Date	
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1								
2		1							
3									
4	cancel								
5									
6		1							
7									
8		1							
9		1							
10		1							
11		1							
12	1								
13		1							
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49									
50									
Total Indep	4								
Total Depend	16								
Total Claims	20								